Revision: HCFA - Region VI
November 1990

State ARKANSAS

Citation 3.1(b) Hom
42 CFR Part
440, Subpart B 441
42 CFR 441.15
AT-78-90 (1)

Section 1905(a)(4)(A) of Act (Sec. 4211(f)

of P.L. 100-203).

AT-80-34

Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

ΔX	Yes	
	Not applicable. does not provide nursing facility such individuals.	for services for

(3) Home health services are provided to the medically needy:

<u> </u>	Yes, to all
	Yes, to individuals age 21 or over; nursing facility services are
:	Yes, to individuals under age 21; nursing facility services are provided
	No: nursing facility services are not provided. Not applicable: the medically needy are not included under this plan

STATE	Α

TN # 90-61
Supersedes
TN # 80-07

Approval Date 19 1991

OCT -1 1990 Effective Date_____

Revision: HCFA-PM-93-8

(BPD)

December 1993

State/Territory:

ARKANSAS

Citation

3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53

(c) (1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT

3.1-D.

42 CFR 483.10

(c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10

(c) (8) (i).

DATE REC'D DATE APPV'D DATE EFF **HCFA 179**

TN No. pproval Date 🗘 Effective Date Supersedes TN No.

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State

ARKANSAS

Citation 42 CFR 440.260 AT-78-90

Methods and Standards to Assure Quality of Services 3.1(d)

> The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

IN # 76-29 Supersedes # MI

Approval Date 2

Effective Date 8/25/76

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State

ARKANSAS

Citation

42 CFR 441.20 AT-78-90

Family Planning Services 3.1(e)

> The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

Supersedes TN #

Approval Date $\frac{2/2}{77}$ Effective Date $\frac{8/25}{7}$

Revision: HCFA-PM-87-5

(BERC)

OMB No.: 0938-0193

APRIL 1987

State/Territory:

ARKANSAS

Citation

3.1 (f) (1) Optometric Services

42 CFR 441.30 AT-78-90

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

/ / Yes.

// No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

 $/\chi$ / Not applicable. The conditions in the first sentence do not apply.

1903(i)(1) of the Act, P.L. 99-272 (Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

/ / No.

/ X/ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

STATE AR	
DATE RECID JUL 1 1987	
DATE APPVID	۵
DATE OF See HCFA-179	
HCFA 17787-12	

TN No. 87-12 Supersedes TN No. 76-29

Approval Date JUL 3 0 1987

Effective Date Le

HCFA ID: 1008P/0011P

Revision: HCFA-PM-87-4 OMB No.: 0938-0193 (BERC) **MARCH 1987** ARKANSAS State/Territory: 3.1 (g) Participation by Indian Health Service Facilities Citation 42 CFR 431.110(b) AT-78-90 Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers. 1902(e)(9) of (h) Respiratory Care Services for Ventilator-Dependent the Act. Individuals P.L. 99-509 (Section 9408) Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who --(1) Are medically dependent on a ventilator for life support at least six hours per day; (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--/ / 30 consecutive days; ___ days (the maximum number of inpatient days allowed under the State plan); (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made; (4) Have adequate social support services to be cared for at home; and (5) Wish to be cared for at home. // Yes. The requirements of section 1902(e)(9) of the Act are met. /X/ Not applicable. These services are not included in the plan.

TN No. 87-/2Supersedes TN No. 78-5

Approval Date JUL 2 0 1987

Effective Date See HCFA-179

HCFA ID: 1008P/0011P

X.